

Provision of Vocational Skills Education to Orphans: Lessons from Orphanage Centres in Dar es Salaam City, Tanzania

Benjamin Mbeba Meli¹

Department of Development Studies, P.O. Box 2329
Dar es Salaam University College of Education, TANZANIA

Abstract

This paper utilises data from a study that investigated the efficacy of vocational skills training provided to orphans from three orphanages in Temeke District, Dar es Salaam. The three orphanage centres that were studied are Kurasini National Children Home, Saudia and Don Bosco Vocational Centre. The sample comprised of 45 orphans, an official from the Department of Social Welfare in Temeke District, and two officials from the orphanage centres. Data were collected through interviews, documentary reviews and observations. The type of actors involved in providing vocational skills training to orphans, type of vocational skills training provided and the effectiveness of vocational skills training were explored. Vocational skills training that are offered at the orphanages centres are tailoring, carpentry, masonry, driving, welding and fine and performing arts. However, despite the fact that many orphans in the selected orphanages had attended the vocational skills training, it was revealed that the knowledge acquired was of no immediate use. Most of the orphans could not use the acquired skills to assess jobs or to self employ themselves. The major bottlenecks that tend to affect the quality of vocational skills offered are: limited capacities of the orphanage centres in terms of qualified personnel, inadequate equipment and funds. The little funds available seem to compete with other day to day priorities of managing the centres for example, providing food, medicals and the like.

Keywords: Vulnerable Children, Orphanage, Vocational Skills

1.0 Introduction

Tanzania is currently experiencing an unprecedented increase in the number of orphans and vulnerable children (OVC). Despite discrepancies in statistics, the number of orphans and vulnerable children in the country is increasing exponentially and is currently estimated to have reached 2.5 million (Charwe *et al.*, 2004). This constitutes 17% of the total population of children in the 0-14 age group in mainland Tanzania². HIV/AIDS induced orphan hood constitutes a large proportion of OVC in Tanzania³. It is estimated that orphans due to AIDS constitute 58.8% of all orphans in Tanzania (Mascarenhas, 2003). Since AIDS stands out to be the major factor for orphan hood in Tanzania, the number will increase significantly for a long-time given the still high rates of infections in many administrative regions of Tanzania. HIV prevalence in the sexually active adult population (15-49 years) is estimated at about 12% or more though the trends now are on the decline (Charwe *et al.*, 2004). Even though these figures are high, it is thought that this may be just a tip of the iceberg due to under-reporting of HIV/AIDS cases. AIDS pandemic has been the most dreadful disease and, of course, a global disaster for more than two decades now and has also been one of the leading cause for peoples' deaths especially Sub-Saharan Africa, consequently increasing number of orphans.

The rise in the number of OVCs is emerging at a time when the capacity of families to respond to the crisis is increasingly being compromised by the breakdown and or weakening of the social system that traditionally offered social protection to these children. More so, the crisis is burdening the government, which lacks policy experience in providing social protection to orphans and vulnerable children. In the recent years, Tanzania has been experiencing an unprecedented rise in the number of orphans and vulnerable children thus posing greater challenges to the country towards development and poverty eradication in particular (Charwe *et al.*, 2004). Since AIDS stands out to be the major factor for orphan hood in Tanzania, the number will increase significantly for a long-time given raising rates of infection in the country⁴.

¹ Dr. Benjamin M. Meli is a Lecturer, Department of Development Studies, Dares Salaam University College of Education, Dar es Salaam, Tanzania.

² United Republic of Tanzania, 2003, "2002 Population and Housing Census, Volume II Age and Sex Distribution", National Bureau of Statistics, September 2003. Note that children age 0=14 constitute 44% of the total population of 33.5 million in Tanzania mainland.

³ For example Mwanza City Council report on OVC of 2004 showed that of the 2172 OVCs identified in Mwanza, 51.1% were AIDS induced orphans.

⁴ Since 1983 when the first HIV cases were detected, the virus' prevalence rates have exponentially increased in Tanzania. By the end of 2003, the country had an estimate of 1.6 million people living with HIV/AIDS (UNAIDS, 2004). The same report, shows that HIV/AIDS prevalence rate in Tanzania was 8.8%, higher than that of Sub-Saharan Africa (7.5%) and the global rate (1.17%).

In Tanzania, orphans are usually considered to be at disadvantage compared with children whose parents are still alive. With regard to education, The Household Budget Survey of Tanzania (2001/2002) showed that children from poor households, and certainly OVC, are unlikely to attend school and when they do, they suffer higher drop out rates than children from better-off families, the fact that further narrows their chances for better future economic performance. Thus, at this point the significant argument is that; since earning power and quality of life are associated with schooling, lack of it as experienced or likely to be experienced by orphans, deprives them of opportunities necessary to alleviate poverty at individual level. Consequently, it is expected that life skills training that is provided to orphans is of vital importance as it might serve as an empowering tool to enable them become economically independent. This paper argues that empowering the orphans through vocational training is likely to produce the best results especially in such circumstances where both the households and community have paid less consideration against those children's' rights.

While many studies⁵ have dealt with first, the various problems surrounding orphans and vulnerable children in the context of the society they belong to; secondly, fostering and problems or challenges associated with it; thirdly, the importance of various skills to orphans and vulnerable children as a way to overcome their vulnerability; and fourth access to education barriers for orphans and vulnerable children; there is no single study in recent literature that has specifically explored the area of life skills training in relation to poverty alleviation at the individual orphan's level. This chapter highlights the findings of a study that was carried out in an attempt to bridge this seemingly knowledge gap.

2.0 An Overview of Orphans and Vulnerable Children

2.1 The HIV/AIDS pandemic and orphan generation

According to the UNAIDS epidemic update, in December 2002, 42 million people were infected with AIDS worldwide. Currently, the virus is taking the greatest toll in the developing world, where the results of a heavily infected society seem to resonate in all aspects of community life. Sub Saharan Africa experiences the largest and most devastating rate of infection globally with 28.5 million people infected with HID/AIDS, South and Southern Asia is a distant second with roughly 5.6 million people infected, followed by Latin America with 1.5 million reported infections (UNAIDS, 2002). It is not surprising that HIV/AIDS seems to be the strongest in areas of the world that are the most impoverished. The fact that AIDS is transmitted most commonly through sexual contact and that economic position often determines the nature of one's sexual activity is proof of this idea (Whiteside, 2002). Furthermore, at macroeconomic level, the economic strains of AIDS forces governments to put more resources into fighting the epidemic, leaving less for social development, including education (Whiteside, 2002). Thus, the crisis worsens and intervention becomes even more difficult. By 2010, the total orphan population in 34 African, Asian, and Latin American countries with severe HIV/AIDS epidemic is projected to reach 44 million, which is 25 percent more than it was in the year 2000 in which two-thirds of orphans are a result of parental death caused by AIDS (Hunter and Williamson, 2000).

Apart from other factors the enormity of the AIDS orphans in Africa derives from the fact that HIV/AIDS in this region is most prevalent in heterosexual populations and more Sub Saharan African women than men are now infected with HIV/AIDS. While, in some other regions of the world AIDS is concentrated among gay men and intravenous drug users, who are not as likely to father or bear children (Hunter, 2000). With the staggering death toll that HIV/AIDS takes, it's easy to overlook the challenges faced by the people that the disease lives behind. These survivors include children who become a generation of orphans as the pandemic stretches into the first three decades of the 21st century. This is especially true in some Sub-Saharan African countries, where AIDS was expected to kill one fifth to one-third of all adults over the next 7-10 years unless massive efforts are made to provide antiretroviral treatment (Hunter, 2000). These orphans are at enormous risk of growing up without adequate health care, food, education or emotional support.

2.2. The impact of orphans on the African society

During the 1970s, there was no large numbers of orphans in Africa. Most of the marriages were common links not only between the two individuals, but also two families and their financial resources. Extended families groups typically pool economic resources together in times of crisis or tension. Normally, with the loss of parents; grandparents, aunts or uncles might take care of the orphans. Although families have been found to be enormously resilient in terms of coping with a shrinking number of adults and a growing number of orphans, family resources may be stretched to the limit as they absorbed orphaned relatives. In countries with severe

⁵ Some of those studies on the problems facing OVC are: Williamson, 2000a; Hepburn, 2001; Williamson et al., 1997; and Foster et al., 2000. Studies on the importance of primary education are ones like: Mhamba and Ndyetabula, 2004, Hepburn, 2001; Vandemoortele et al, 2004. Some other studies on the barriers against OVC access to primary education are those by Goodsith, 2003; Boerma, T.J, 1998; Todd, J et al, 1997; Ainsworth et al., 2002. Studies on enrolment, attendance and performance are like: Bundy, 2002; Ainsworth and Filmer, 2001; Deininger et al., 2001, Ainsworth, Beegle and Koda, 2000; Ainsworth et al., 2002; Oudai and Curr-Hill 1993.

epidemics, 30-70% of households are accommodating an orphan (Hunter, 2000). However, sometimes even the alternate safety net of distant relatives is not available and orphans are left to fend for themselves and their siblings (Hunter, 2000).

In some countries, children in AIDS affected households may be more likely to drop out of school because remaining family members can not afford to pay school fees or buy books, or the child may be wanted to care for other relatives or to work. Studies in Uganda suggest that after the death of one of the parents, the chance of orphans going to school is halved, and those who still attend school spend less time there (UNAIDS, 2000). In Zambia, nearly one out of three urban orphans and two out of three rural orphans do not attend school, which is significantly worse than the attendance rates for non orphans (UNICEF/UNAIDS, 1999). Furthermore, orphans face an increased risk of stunted growth and malnourishment (UNICEF/UNAIDS, 1999). In communities where adult deaths are high, food supplies often dwindle when families can no longer absorb more orphaned relatives and thus orphans may end up in the streets.

2.3. Orphans situation in the context of HIV/AIDS in Tanzania

One of the key indicators of the manifestation of HIV/AIDS in Tanzania is the growing numbers of orphans and vulnerable children both in rural and urban areas as a result of AIDS deaths of the parents. The large numbers of orphans and children have for one reason or the other been displaced from traditional family ties. Furthermore, the pandemic has been depleting whatever meagre resources available to households in the course of caring for the sick and eventual burial of the dead. According to a report by Charwe *et al.*, (2004), by 1995 there were 271,000 orphans due to AIDS and that the number had increased to 815,000 in 2001 and is expected to exceed one million by 2005 constituting 58.8% of all orphans in the country. Other estimates indicated that by the end of the year 2005 it was expected that the country will be having more than 2.5 million orphans. It also points to the worsening trend caused by high adult mortality rates in coming years if drastic measures are not taken to control the increase in infection rates.

A study in Makete district, also one of the worst affected area showed that by 2002 the epidemic had orphaned about 40% of the children (Charwe *et al.*, 2004). Another study carried out in Mwanza City, the second largest urban area in the country, found that 51.1% of vulnerable children were orphans and 28.5% were abandoned. These combined, put the proportion of children living without both parents (double orphans) to 79.6% of the total number of OVC (Charwe *et al.*, 2004). In most parts of the country, the majority of OVC are orphans caused by the ravages of the HIV/AIDS epidemic.

The need to provide care and support for the large number of orphans is placing considerable strain on social systems. At the family level, the extended family, which has the traditional responsibility to care for orphans, is under ever increasing pressure. Many grandparents are being left to care for young children. In other cases, children and adolescents are heads of families. At the community and national levels, there is an increased demand to provide health, education, shelter, food, clothing, and other care, including psychosocial support, for these deprived children.

2.4 Supporting orphans and vulnerable children

By the end of 2001, nearly 14 million children in the world had lost one or both parents due to AIDS⁶. By 2010, this number was expected to jump to 25 million.⁷ HIV/AIDS is undermining child survival and development and is increasing the vulnerability to children in unprecedented ways and scale. In the most affected countries, HIV/AIDS is severely weakening the capacities of families and communities to provide care and protection for their children. Governments have not adequately responded to the crisis with protection and support for orphans and families affected by HIV/AIDS.

While communities have responded to the crisis with tremendous resilience and have absorbed orphans principally within the extended family system, there is evidence that families are struggling under the strain, which is reducing their capacity to provide and care for orphaned children. Some households are having an especially difficult time coping. Households headed by elderly people and women, for example, who already live at the edge of poverty, must stretch their meagre resources even further. Households made up of children, often struggle to survive, dependent on each other and particular on older siblings. Existing programmes for education, as well as health, nutrition, emergency and social support need to be expanded to monitor, identify and extend the delivery of quality services to orphans and vulnerable children (OVC).

2.5 Education and vocational skills training for orphans

The death or illness of parents as first line caretakers compromises children's rights to opportunities that are critical to improve their life chances. For example, children may stop attending school in order to assist with

⁶ UNAIDS/Report on the Global HIV Epidemic 2002

⁷ UNICEF/USAID/UNAIDS (2002) Children on the Brink, 2002: A joint Report Orphan Estimates and Program Strategies.

care giving, food production and other household responsibilities. Children may be withdrawn from school because they are unable to pay the school fees and other educational costs. Psychosocial trauma linked to fear and anxiety during a parent's illness, grief over death, or discrimination due to HIV/AIDS stigma or being orphaned may also cause children to drop out of school. Orphaned children often spend their days trying to make money to support them and thus no longer attend school. They may need to drop out of school in order to earn money or help with the care of an ill sibling or relative (Hepburn, 2002). Furthermore, government schools are not devoid of any cost. Students are expected to pay for uniforms, tuition, and other resources for them to attend school (UNICEF, 1999). For orphans who barely can be able to earn money to live, this is too high a cost.

A survey of 646 AIDS orphaned children in Kenya found that 52% were unable to attend school. One can easily conclude that orphan status greatly increases a child's inability to continue attending school. Education has been proven to be an extremely effective tool against HIV infection and poverty. Therefore, decreasing enrolment in school places orphaned children in a very vulnerable situation. To ensure that orphans and other vulnerable children receive education, programmes should promote life skills training that are helpful to orphans. Orphanage centres should be strengthened to serve as community resources and information centres. Physical infrastructure in orphanage centres and human resources (caretakers and other stakeholders) can assist in training and skills development and in promoting increased access to various life skills to all orphans. Psychosocial care and counselling can be incorporated into programme activities such as community and orphanage-based efforts to provide emotional support to orphans and vulnerable children. There is a particularly important need to strengthen life skills-based education – not only to reduce vulnerability to HIV infection, but also including life skills related to living with HIV affected families, including caring for sick family members and sibling care.

Orphanages and other methods of institutional care for orphans, while seemingly successful in some societies, are not the best option for the care of AIDS orphans in Southern Africa. There are several reasons for the failure of orphanages in offering care for the orphans. The first, and perhaps most potent reason, is financial. The cost of placing a child in institutional care can be extremely expensive. In Uganda for example, the operating costs for institutional care were found to be fourteen times higher than those for community care (UNICEF, 2002). Considering the dire economic situation that most orphans live in, this cost is not only unrealistic, but also most likely impossible. Secondly, institutionalization lacks both personal care and attention that studies have shown to be a very important part of children's lives. Children in orphanages are also at a disadvantage in that they do not have an opportunity to properly integrate in their community.

Since more than often orphaned children become the heads of households. The older siblings are forced to remain at the home and take care of the house chores, generate income, and care for the other siblings or other ill family members. Therefore, incorporating vocational skills training into the education plan for orphans would directly meet their needs. Children with knowledge of a certain trade are able to get and hold a job and earn money for their families. Because many children, particularly orphans, are taking on more economic responsibilities it becomes important to provide vocational skills training as a means to provide for themselves and their families (Kelly, 2000).

Community based initiatives to teach orphans various skills can be both successful for the orphans as well as cost effective for the community. Many communities have instituted a community-mentoring program whereby existing community members pass on their trade to their orphans. These not only reduce the cost for the school of training orphans, but also equip the orphans with a trade that may be in great demand when their mentors are no longer able to work (Hepburn, 2000).

2.6 Literature Gap

Many studies surveyed have revealed various social, economic and psychological problems that are experienced by orphans in Africa and Tanzania in particular. Even though many actors and stakeholders have been identified as primary safety nets that could be important in the whole process of empowering orphans (USAID, 2004), issues related to individual poverty eradication among those children have always been left out. This study was a modest attempt to identify the kinds of capacity building programs offered by the orphanages and other actors to the orphans and assess their effectiveness towards overcoming poverty.

3.0 Findings Based on the Field Survey

3.1 Demographic and socio-economic characteristics

It was important to find the demographic and socio-economic characteristics of the respondents that were involved in the study by looking on variables such as sex, age and level of education. These variables would provide an indicator if at all there is equity in life skills provision between males and females. Further, it was also important to ascertain at what age the orphans attended the life skills training in the orphanage centres. The distribution of the respondents (orphans) in terms of age and gender is presented in table 3.1.

Table 3.1 reveal that out of 45 respondents, 25 (55.6%) were male while 20 (44.4%) were female. On

the other hand, among all respondents, 26 (57.8%) were in the 15-19 age group. 11 (24.4%) were in the 20-24 age group, 7 (15.6%) respondents were below 15 years while 1 (2.2%) respondent was in the group of 25 and above. The table reveal that there were more males than female. It was found that, most of the respondents attend life skills training at age of 15 and above. Since education plays a vital role in bailing people out of poverty, respondents (orphans) were asked to state at what level of education they were allowed to attend the life skills training. Table 3.2 show that out of 45 respondents interviewed, 3(6.7%) completed secondary education, only 1(2.2%) completed primary education and training 28(62.2%) completed primary education and were attending life skills training, 13(22.2%) were still attending primary education and thus were not participating in life skills training, and. Most of the respondents attending life skills training were 15 years old and above.

3.2 Actors involved in providing vocational skills training

In order to identify types of vocational skills training provided to orphans in Temeke district and to eventually be able to predict the training effectiveness in eradicating poverty at individual level, it was important to identify the main actors behind the provision of vocational skills training. Information gathered from key officials at the Department of Social Welfare (DSW) and heads of three orphanages/centres who were interviewed during the study, mentioned a number of centres responsible for provision of the vocational skills training other than the orphanage centres. The vocational skills training centres are Vituka Life Skills and Construction, Yombo Vocational Skills, Mgulani Vocational Training Centre and Montfort Training Centre. These centres provide different kinds of life skills training that are suitable and appropriate to orphans in various ways. It was also established that the orphanages also provided life skills training to their charges. National Children Home based in Mtoni Ward, Don Bosco Centre based in Sandali Ward and Saudia Orphanage Centre based in Tandika Ward, are some of these orphanages that provide vocational skills training to orphans through support from various stakeholders including the Government and Faith Based Organizations (FBOs). The mentioned orphanages centres mobilize and receive funds from different donors to enable them provide schooling and training of the orphans. Types of vocational skill that are offered are tailoring, carpentry, embroidery, driving, computer skills and masonry. Apart from the mentioned skills, orphans do get regular counselling services from Faith Based Organizations so as to keep them emotionally balanced.

One important observation noted was that the type vocational skills training offered to orphans varies substantially from one orphanage centre to another, as well as from the other actors that offer such training. As such there is a need for different actors in collaboration with orphanage centres to emphasize or rather concentrate on kinds of vocational skills training that are suitable to orphans so that upon the graduating from the programs, the orphans can easily be employed or can self employ. Moreover, the orphanage centres should create some kind of income generating activities that could engage orphans in one way or another so as to overcome poverty.

3.3 Types of vocational skills training given to orphans

Types of life skills training provided to orphans differ from one orphanage or centre to the other. For example, at Don Bosco Centre, the children learn mainly tailoring skills that are administered by the centre itself through the support of donors and other well wishers. Other orphanage centres such as Kurasini National Children Home, children learn various life skills such as carpentry, welding, and driving, gardening and masonry while at Saudia Centre, orphans are trained in carpentry, welding and computer applications. Summary of the findings are shown in Table 3.3.

Table 3.3 reveal that all 15 (33.3%) orphans interviewed at Don Bosco centre were attending tailoring. At Saudia Orphanage Centre, there were nine (20%) orphans who were trained on computer skills and only one (2.2%) orphan was trained tailoring. At Kurasini National Children Home there were many vocational skills programs being offered such as carpentry, gardening, fine and performing art, driving and hospitality skills like hotel management. In total, the orphans who were not attending any kind of life skills training were five (11.1%). What came to the fore during the survey was that the choice of skills to be offered was determined by the centre's management as deemed suitable for the orphans under their charge. For example, at Don Bosco Centre, according to the response from one centre official, the centre provide tailoring program due the fact that it cares for girls only thus masonry or carpentry skills are not offered as they are deemed as programs fit for male children! This kind of attitude does not provide flexibility and is laden with stereotypes that may be harmful to full development of the children's potentials.

3.4 Duration of vocational skills training

Duration of the life skill training was important to know as to determine if the programmes were covering the curriculum adequately. The study found out that on the average, the programmes of training lasted for about six to twelve months. However, there were exceptional cases where some programmes took up to 32 months. The duration of various trainings are summarised in table 3.4.

From the table 3.4, ten (25.0%) orphans attended tailoring program that lasted for about 9-16 months while six (15.0%) orphans who spent between 17 and 24 months for the same program and four (10.0%) orphans who spent between 1 and 8 months. Among the life skills provided, tailoring is the only program which had been attended by many orphans. Other programs such as computer training, welding, fine and performing arts and gardening were life skills that attracted very few orphans. As regards to how long one has to be in a programme so as to graduate depends on many factors. First, when one falls sick during the study, she or he has to postpone the training pending full recovery. Secondly, some of the orphans are sponsored by their relatives or elder siblings; thus if there is any financial problem on their part, the orphan responsible won't be able to attend the vocational skills training programme until when the financial woes have been addressed. Thirdly and much more important, the survey established that most of the institutions that offer various training programmes are short of or even lack sufficient equipment/training facilities hence having to limit the number of orphans attending their programme at any given time. So some of the orphans have to postpone training until when their turn arrives thus taking so long to graduate from a particular programme.

3.5. Effectiveness of vocational skills training to orphans

The survey tried to establish if the vocational skills training programmes provided to orphans helps them in becoming economically independent or not. About 30 (66.7%) orphans has the view that the training received did not enable them to be self independent while 15 (33.3%) orphans said the training received had enabled them to become self independent. Many reasons were advanced for this state of affairs. The first reason advanced was the inadequacy of life skills training, that is very few orphans are exposed to these training because apart from orphanage centres, there are very few actors who are involved in provision of vocational skills training in Temeke District. Secondly, since some orphanage centres offers very few option as regards to vocational skills training they provide, some orphans have no access to specific programmes of their choice so some orphans opt to go to other centres or institutions that offer vocational skills of their choice. Since they have to move from their centres to other institutions, some orphans encounters other intervening variables such as indulging in risk behaviours that may lead to incapability in mastering the programs provided.

Efforts were done to establish as to why the vocational skills provided does not seem to help the orphans become self independent. Some of the interviewed orphans (11, 24%) had the view that the training was not thorough hence were not properly trained to join the job market. Five (11%) of the orphans responded that they have not mastered the programme while one orphan (2%) commented on capital being a problem for business start up though one may be adequately trained in a particular vocation. It is impossible to conclude that the vocational skills training offered to the orphans do not help them at all because choice of life skills training offered to the orphans depended much on the capacity of the institution to offering the programme and the individual ability. Sometimes an orphan may not want to be trained in a particular programme that a certain centre offers, thus loosing concentration and mastery of the skills being imparted. Some of the orphans were not motivated to master the programmes because they were forced to undertake a particular programme which they didn't like (See table 4.6).

4.0 General Conclusion

The study identified different kinds of life skills training offered to the orphans in various orphanage centres/institutions in Temeke district. The sample category involved orphans who lived in the orphanage centres and those undergoing vocational skills training in the orphanage centres but does not live within the centres. Also official from department of social welfare, and heads of orphanage centres were also involved in the study. Three wards namely Sandali, Tandika and Mtoni in Temeke district were involved in this study. The selection of the wards was based on the fact that these areas had more many orphanage centres than other wards in Temeke district. The selection of orphans during the interview was done randomly based on one criterion, the ability to express oneself. Several actors are involved in supporting the orphans in Temeke District and these are mainly non governmental and faith based organizations. Specifically, there are centres that are solely for providing vocational skills training to the orphans such as Vituka Life Skills and Construction, Yombo Vocational Skills, Mgulani VTC and Montfort Training Centre.

Normally the normal orphanage age in the country is recognized to be below 18 years but the study found cases where the orphans were beyond 18 years. There are many reasons for this; first, since the nature of the vocational skills training that is provided, it is important that the orphans stay as long so as to ensure that they had to mastered a particular programme they are undertaking even if it means that they have to go beyond normal orphanage age. Second, some of the orphans in the orphanages visited had not gone through the normal education ladder i.e. primary or secondary education. Thus for these orphans, the vocational skills training were provided to them after they had gone through the normal schooling system hence becoming 18 years above while still at the orphanages..

The study found that there are significant disparities in the duration taken to cover the vocational skills

training. Many reasons have been advanced ranging from the centres inadequacy in terms of physical resources as well as fiscal and human. It was further established that types of skills offered differ from one centre to the other depending on the availability of the resources. For example, Don Bosco centre provided only tailoring to orphans while other centres had different programmes such as carpentry, masonry, computer skills etc. The centres have different ways of managing their finances. For example, orphans at Don Bosco Centre had to individually raise their own fees for the life skills offered at the Centre with the help of their caretakers. On the other hand, for the case of Kurasini National Children Home, fees for the training offered to the orphans was footed by the government and other donors. Orphans in Don Bosco and Saudia Orphanage Centre received training within the centres, while for the Kurasini National Children Home; orphans had to go to other centres to obtain vocational skills training. As regards mastery of the skills, various reasons were advanced but inadequate funds and de-motivation due to un-voluntary placement in particular vocational skills training are major reasons for dismal mastery of the vocations.

The major finding which comes out of this study indicates that vocational skills training in Temeke district are not so much effective in empowering the orphans. Most of the orphans had to postpone training due to socio and economic reasons. Furthermore, orphanage centres were in most instances obliged to ensure that the orphans get primary or secondary education. In a case where an orphan fail to complete his/her studies; the centre decides to train him/her in a vocational skill in the hope that this will empower the orphan.

5.0 Recommendations

In order to improve the welfare of the orphans and life skills training in general, the study proposes the following recommendations;

1. Orphanage Centres/Institutions should provide vocational skills/trainings which meet the immediate needs of the orphaned children. In gaining these types of skills, orphaned children will be able to acquire jobs that command a decent pay check greatly decreasing the risk of the orphans from engaging in vices as a source of income generation.
2. The government with a helping hand from other stakeholders for example, international organizations, NGOs and other donors should take full responsibility to cater for orphans especially in the provision of education and life skills training provided to the orphans. Funding and resources should be channelled to the disadvantaged groups especially the orphans because most of the orphanage centres faces major setback in training orphans due to financial constraints, lack of training personnel and as well as equipment.
3. It is important for the government, orphanage centres/institutions, NGOs, FBOs and other beneficiaries to ensure that Life skills training provided to orphans increases the chances for the orphans to be self-reliance in the future. This kind of empowerment will create better citizens from the orphans.
4. The government should spearhead the establishment of more training centres for train orphans especially when they are still less than 18 years old. This is more important due to the fact that these orphans won't stay in the orphanage centres throughout their life time.

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Table 3.1: Sex and age of the respondents

Sex		Age Category				Total
		<15	15-19	20-24	25>	
Male	no	7	12	6	-	25
	%	15.6	26.7	13.3	-	55.6
Female	no	-	14	5	1	20
	%	-	31.1	11.1	2.2	44.4
Total respondents	no	7	26	11	1	45
	%	15.6	57.8	24.4	2.2	100.0

Source: Survey data, 2010

Table 3.2: Distribution of the respondents according to education and age (N=45)

Age category	Level of Education						Total
	Completed Education	Primary	Primary and Trainings	Education	Secondary Education	Attending Education	
<15	no	-	-	-	-	7	7
	%	-	-	-	-	15.6	15.6
15-19	no	17	-	3	6	26	26
	%	37.8	-	6.7	13.3	57.8	57.8
20-24	no	10	1	-	-	-	11
	%	22.2	2.2	-	-	-	24.4
25>	no	1	-	-	-	-	1
	%	2.2	-	-	-	-	2.2
Total respondents	no	28	1	3	13	45	45
	%	62.2	2.2	6.7	28.9	100.0	100.0

Source: Survey data, 2010

Table 3.3: Kind of vocational skills training (N=45)

Kind of program	Name of Centre			Total
	Don Bosco Centre	Saudia	Kurasini National Children Home	
Gardening	no	-	-	1
	%	-	-	2.2
Carpentry	no	-	-	3
	%	-	-	6.7
Tailoring	no	15	1	5
	%	33.3	2.2	11.1
Hotel Management	no	-	-	1
	%	-	-	2.2
Driving	no	-	-	4
	%	-	-	8.9
Fine & Performing Arts	no	-	-	1
	%	-	-	2.2
Computer	no	-	9	-
	%	-	20.0	-
Not attending training	no	-	5	-
	%	-	11.1	-
Total respondents	no	15	15	15
	% of Total	33.3	33.3	33.3
				100.0

Source: Survey data, 2010.

Table 3.4 Duration of the program (N=40)

Name of the program	Duration (in months)				Total
	1-8	9-16	17-24	25-32	
Tailoring	no	4	10	7	-
	%	10.0	25.0	17.5	-
Computer	no	6	3	-	-
	%	15.0	7.5	-	-
Welding	no	1	-	-	-
	%	2.5	-	-	-
Driving	no	4	-	-	-
	%	10.0	-	-	-
Fine & Performing Arts	no	-	-	-	1
	%	-	-	-	2.5
Carpentry	no	2	-	1	-
	%	5.0	-	2.5	-
Gardening	no	1	-	-	-
	%	2.5	-	-	-
Total respondents	no	18	13	8	1
	%	45.0	32.5	20.0	2.5
					100.0

Source: Survey data, 2010.

Table 3.5 Opinions on usefulness of life skills training programmes (N=45)

Response	Frequency	Percent
Useful	15	33.3
Not useful	30	66.7
Total	45	100.0

Source: Survey data, 2010

Table 3.6 Opinions on how life skills training did not help orphans (N=45)

Sex	Why life skills training acquired doesn't help the orphans							Total
	No start up capital	Poor mastery of skills	Not well trained	Never completed the program	Don't have driving license	Not motivated with the program	No one to help to continue with skill acquired	
Male	no	-	6	11	2	1	2	3 25
	%	-	13.3	24.4	4.4	2.2	4.4	6.7 55.6
Female	no	10	3	5	1		1	- 20
	%	22.2	6.7	11.1	2.2		2.2	- 44.4
Total respondents	no	10	9	16	3	1	3	3 45
	% of Total r	22.2	20.0	35.6	6.7	2.2	6.7	6.7 100.0

Source: Survey data, 2010

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